

PROVIDER BULLETIN

No. 15-58

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TO: Nebraska Medicaid Providers

FROM: Calder A. Lynch, Director

Division of Medicaid and Long-Term Care

BY: Tammy Usrey, Program Manager II, Delivery Systems

Division of Medicaid and Long-Term Care

RE: Heritage Health Managed Care Program

Please share this information with administrative, clinical and billing staff.

On January 1, 2017, the Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC) is launching a new program that will integrate the current physical health managed care program, behavioral health managed care program, and pharmacy benefits program into a single, statewide Medicaid managed care delivery system. The new integrated managed care program is called Heritage Health.

Heritage Health will expand the managed care delivery system to individuals receiving long-term services and supports (LTSS) currently excluded from the physical health managed care program. This includes clients receiving LTSS through the home and community-based services waiver programs, including the Aged and Disabled Waiver, the Developmental Disabilities Waiver, and the Traumatic Brain Injury Waiver. Clients living in nursing facilities at a custodial level of care and intermediate care facilities for the developmentally disabled (ICF-DD) will also be included. While these individuals will have their physical, behavioral and pharmacy health services coordinated by their Heritage Health plan, the administration of their long-term services and supports (such as their institutional care or in-home care) will not change.

In addition to the LTSS services discussed above, dental services, non-emergency transportation, and school-based services are also not included in the Heritage Health managed care program and will also continue to be reimbursed through the legacy Fee-For-Service program.

MLTC released a request for proposals for the Heritage Health program on October 21, 2015, and plans to award two to three contracts through a competivite bidding process. A number of managed care organizations (MCOs), commonly referred to as health plans, have expressed interest in submitting proposals to be part of the Heritage Health program. Providers may already be hearing from these health plans as they develop proposals and prepare to build their provider networks. Health Plans are not required to submit Letters of Intent or Letters of Agreement with

the proposals. Should a proposer be successful in securing a MCO contract with DHHS, executed contracts will be used as evidence to determine a MCO's network adequacy. Providers have the discretion to choose whether or not to sign these Letters of Intent or Letters of Agreement.

A decision as to which MCOs MLTC will contract with is expected in March 2016. Additional information on the Heritage Health request for proposals can be found on the State Purchasing Bureau website at: http://das.nebraska.gov/materiel/purchasing/5151/5151.html

Additional information on the Heritage Health program, including a fact sheet and answers to frequently asked questions, can found on the MLTC website at: http://dhhs.ne.gov/heritagehealth

If you have questions regarding this bulletin, please contact Tammy Usrey at Tammy.Usrey@Nebraska.gov.